

PO BOX 2448 RICHMOND, VA 23218 TTY 7-1-1 OR 1-800-828-1120

February 28, 2014

Ms. Michelle L. Consolazio
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
Michelle.Consolazio@hhs.gov

Dear. Ms. Consolazio:

We appreciate the effort of the Office of the National Coordinator (ONC) Health Information Technology Policy Committee (HITPC) Meaningful Use Workgroup to ensure that Stage 3 of Meaningful Use is not unreasonably burdensome on health care providers. ONC's recognition of the importance of public health and population heath is clear from the inclusion of relevant, high-impact objectives in stages 1 and 2 of Meaningful Use. However, we were distressed by the large proportion of public health measures proposed for exclusion from Stage 3 objectives. At a time when expectations for electronic health record (EHR) functionality are being defined, it is important that population and public health data needs receive continued recognition and support.

Following are Virginia Department of Health's recommendations regarding the population and public health objectives under consideration for inclusion in Meaningful Use Stage 3.

# Immunization Objective—VDH supports the HITPC vote for inclusion in Meaningful Use Stage 3 objectives:

- Ability to incorporate immunization history into EHRs supports more complete and timely administration of immunizations, improving population coverage.
- Standards and functionality for loading health history information into EHRs exist.

# Electronic Lab Reporting (ELR) Objective—VDH advocates for reversal of the HITPC vote for removal from Meaningful Use Stage 3 objectives:

- These data are essential to core public health functions, and electronic reporting provides substantial efficiencies for both data submitters and for public health.
- VDH prioritized electronic lab reporting and implemented the ability to accept HL7 v. 2.5.1 ELR messages at the beginning of Meaningful Use. Low levels of adoption reflect hospital selection of other public health-related objectives during Stage 1.
- Many Virginia hospitals are now working with VDH to implement ELR. Inclusion as a stage 3 objective is essential to continuing this momentum.
- There is concern that some facilities that establish transmission may direct efforts toward implementing new required MU measures rather than maintaining the ELR transmissions
- Stronger CMS and ONC support is needed to ensure that hospitals move into production transmission and do not simply make progress toward it during their attestation periods.

# Syndromic Surveillance Objective—VDH is neutral on the HITPC vote for removal from Meaningful Use Stage 3 objectives:

- VDH has had great success with hospitals implementing these messages and anticipates receiving ongoing transmissions from all, or nearly all, hospitals by the end of Meaningful Use Stage 2.
- Once established, little maintenance is required, so transmission is likely to continue even without a Meaningful Use requirement.
- These transmissions provide valuable data to public health with great efficiency. The information is relied on for routine monitoring and in emerging health situations.
- While VDH would prioritize this lower than some of the other public health objectives, we would support its inclusion.

#### Registry Objective—VDH is neutral on the HITPC vote for possible removal from Meaningful Use Stage 3 objectives:

- Most cancer patients are seen in hospitals at some point during diagnosis or treatment and are therefore captured in hospital registries which provide data to public health.
- Standards for the message are well established, EHRs have already certified on this capability, and public health registries are ready to accept the messages.
- Eligible providers seeing a substantial number of cancer patients can use the existing standards and infrastructure to submit these messages.
- While VDH prioritizes this objective lower than some of the other public health objectives, we would support its inclusion.

# Case Reporting Objective—VDH is neutral on the HITPC vote to not include in Meaningful Use Stage 3 objectives:

- This objective would substantially improve reportable disease case ascertainment and it promises significant efficiencies for data submitters and public health.
- VDH acknowledges that while case reporting utilizes EHR functionality required in Stage 2, a significant effort will be required for implementation.
- While VDH prioritizes this objective lower than some of the other public health objectives, we would support its inclusion.

VDH is committed to partnering with healthcare providers throughout Virginia to address the Meaningful Use and Health Information Technology for Economic and Clinical Health Act requirements, and we strongly urge the HITPC to consider these recommendations.

Sincerely,

David H. Trump, MD, MPH, MPA Acting Chief Deputy Commissioner Public Health and Preparedness

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